



PEDIATRIC INITIAL ASSESSMENT



Escambia County, Florida - ALS/BLS Medical Protocol

The initial assessment of the pediatric patient will vary with the age of the patient. However, there are some initial components of assessment that are consistent with all patients, regardless of age.

The paramedic or EMT should follow the appropriate approach to patient assessment with respect to the patient's age.

In addition to the patient, the parents or caregiver may be needed to gain information needed for a complete assessment of the patient.

EMT and Paramedic

I. Scene Size-up.

- A. Review of Dispatch Information.
- B. Assess Need for Body Substance Isolation.
- C. Assessment of Scene Safety.
- D. Determine Mechanism of Injury.
- E. Determine Number and Location of Patients.
- F. Determine Need for Additional Resources.
- G. Observe Environment of Pediatric Patient.

II. Pediatric Assessment Triangle - Rapid Cardiopulmonary Assessment.

- A. Appearance.
 - 1. Alertness.
 - 2. Distractibility.
 - 3. Consolability.



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4. Eye Contact.
5. Speech/Cry.
6. Spontaneous motor activity.
7. Color.

B. Work of Breathing.

1. Appearance (as above).
2. Use of accessory muscles.
 - a. Intercostal and/or supraclavicular retractions.
 - b. Diaphragmatic breathing (see/saw type breathing).
3. Respiratory rate.
4. Tidal volume (chest expansion).
5. Other signs of respiratory distress.
 - a. Nasal flaring.
 - b. Grunting.
 - c. Cyanosis.

C. Circulation to Skin.

1. Strength of pulses (central vs peripheral).
2. Color and temperature of extremities (central vs peripheral).
3. Capillary refill time.



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4. Pulse rate.
5. Blood pressure (may be difficult to assess in infants).

III. Initial Assessment.

- A. Assess Airway, C-Spine and Initial Level of Consciousness (AVPU: Alert, responds to Verbal, responds to Pain, Unresponsive).
- B. Assess Breathing.
- C. Assess Circulation and Presence of Hemorrhage.
- D. Assess Disability - Movement of Extremities.
- E. Expose and Examine Head, Neck, Chest, Abdomen, and Pelvis (check back when patient is rolled on side).
- F. Identify Priority Patients.

IV. Initial Management

(see [Medical Supportive Care](#) or [Trauma Supportive Care](#)).

V. Secondary Assessment.

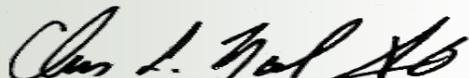
- A. Conduct a Toe-to-Head Survey.
- B. Neurological Assessment.
 1. Pupillary Response.
 2. Pediatric Glasgow Coma Score.
- C. Repeat Assessment Triangle - Rapid Cardiopulmonary Assessment (as above).
- D. Obtain a Medical History.
 1. S - Symptoms - Assessment of Chief Complaint.



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2. **A** - Allergies.
3. **M** - Medications.
4. **P** - Past Medical History.
5. **L** - Last Oral Intake.
6. **E** - Events Leading to Illness or Injury.

VI. Other Assessment Techniques.

- A. [Cardiac Monitoring](#)
- B. [Pulse Oximetry](#)
- C. [Glucose Determination](#)
- D. Monitor Core Temperature
- E. [Capnography](#)



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